

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received NOV 20 2015 9:20 am JAB			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed			
				Date Imaged			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	09	25	2015	THROUGH	10	24	2015

6 EXPLANATION OF CORRECTION

NOT ENOUGH DETAIL GIVEN ON DONATIONS OR EXPENDITURES. EXCEEDED \$500
LIMIT. AMENDED FORMS TO INCLUDE FULL DETAILS (ADDRESS, DATES, ETC)

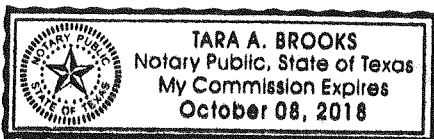
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Christian Ross, this the 20th day of November

2015, to certify which, witness my hand and seal of office.

Tara A Brooks
Signature of officer administering oath

Tara A Brooks
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

CHRISTIAN

J

NICKNAME

LAST

SUFFIX

ROSS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

890 E RIVERSIDE DR

GRAPEVINE TX

76051

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

~~XXXXXXXXXX~~ 601-5019

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS

MARILYN

NICKNAME

LAST

SUFFIX

DAVIS

OFFICE USE ONLY

Date Received

NOV 20 2015

9:20am
JAB

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2315 RIDGE LN

GRAPEVINE TX

76051

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

481-2219

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☒ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☒ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

09 / 25 / 2015

THROUGH

Month

Day

Year

11 / 20 / 2015

11 ELECTION

ELECTION DATE

Month

Day

Year

12 / 08 / 15

☐ Primary

☒ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL PLACE 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

CHRISTIAN ROSS

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 398.68

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3554.99

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3971.48

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christian Ross, this the 20th day of November, 20 15, to certify which, witness my hand and seal of office.

Tara A Brooks

Signature of officer administering oath

Tara A Brooks

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

CHRISTIAN ROSS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3554.99
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 398.68
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3971.48
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/15

5 Full name of contributor

ALONETTA TERRIEN

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

2615 CIDER MILL RD

GRAND JUNCTION, CO 81505

8 Principal occupation / Job title (See Instructions)

OFFICE MANAGER

9 Employer (See Instructions)

PARADISE VALLEY PARK, LLC

Date

9/22/15

Full name of contributor

MARC TERRIEN

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2615 CIDER MILL RD

GRAND JUNCTION, CO 81505

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

THIN AIR WEB

Date

10/5/15

Full name of contributor

MICHAEL BROOKS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

508 WYOTE RD

SOUTH LAKE, TX 76092

Principal occupation / Job title (See Instructions)

FINANCE MANAGER

Employer (See Instructions)

CITIGROUP

Date

10/5/15

Full name of contributor

GONZALO ROBLES

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

2014 CRIPPLE CREEK TR GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

HUMAN RESOURCES DIRECTOR

Employer (See Instructions)

PEECE SUPPLY COMPANY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/15

5 Full name of contributor

JOHN HEILHECKER

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City; State; Zip Code

4502 COPPERFIELD DR GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

EXECUTIVE SEARCH CONSULTANT

9 Employer (See Instructions)

THE CALDWELL PARTNERS

Date

10/6/15

Full name of contributor

JEREMY JOHNSON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

3317 BURNINGLOG DR GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

VP OF CUSTOMER EXPERIENCE

Employer (See Instructions)

PROJEKT 202

Date

10/6/15

Full name of contributor

DANIELLE HUDDLESTON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

121 HOGAN DR LAKE KIOWA, TX 76240

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

VICKERS KEMPF, LLC

Date

10/6/15

Full name of contributor

JOEL JENKINS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

PO BOX 884 AMERICAN FORK, UT 84003

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

J THOMAS CREATIVE, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/15

5 Full name of contributor

MIKE RICHARDSON

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

632 HEATHERWOOD DR GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

R6 BULKING BULLS

Date

10/6/15

Full name of contributor

JOHN DORETY

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

325 SPRINGBROOK CIRCLE GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

DRAGON STORAGE

Date

10/7/15

Full name of contributor

LAURIE FRANTZ

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

509 BLUEBONNET GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

NURSE

Employer (See Instructions)

PARKLAND HOSPITAL

Date

10/7/15

Full name of contributor

DON THOMAS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2113 SOUTH AVE G PORTALES, NM 88130

Principal occupation / Job title (See Instructions)

MINISTER

Employer (See Instructions)

CENTRAL CHRISTIAN CHURCH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

10/7/15

5 Full name of contributor

ALAINA GOLDSTEIN

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

PO BOX 3411

GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

DIRECTOR OF RECRUITING

9 Employer (See Instructions)

STATE CARE

Date

10/13/15

Full name of contributor

JOHN DORETY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

325 SPRINGBROOK CIRCLE GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

DRAGON STORAGE

Date

10/13/15

Full name of contributor

MARC TERPHEEN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

2615 CIDER MILL RD GRAND JUNCTION, CO 81505

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

THIN AIR WEB

Date

10/19/15

Full name of contributor

SUSAN PEABODY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 10.00

Contributor address;

City; State; Zip Code

613 DAY LN GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/15

5 Full name of contributor

JENNI SAMUEL

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 99.99

6 Contributor address;

City; State; Zip Code

712 KENT CT

SOUTHLAKE, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

Date

10/20/15

Full name of contributor

AARON LAMB

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 40.00

Contributor address;

City; State; Zip Code

709 PRESTON PL

GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LAW OFFICE OF AARON LAMB

Date

10/20/15

Full name of contributor

LEIGH W. DAVIS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

1901 CENTRAL DR STE 708 BEDFORD, TX 76021

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LAW OFFICE OF LEIGH W. DAVIS

Date

10/20/15

Full name of contributor

GAYNELLE THOMAS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

122 YULLA DR

PORTALES, NM 88130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/15

5 Full name of contributor

CHARLES BLOOMBERG

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 40.00

6 Contributor address;

City; State; Zip Code

941 HARBER AVE

GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

Date

11/6/15

Full name of contributor

TIM YATKO

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

920 RAVENSWOOD DR

GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

Date

11/6/15

Full name of contributor

GAYNELE THOMAS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

122 YULIA DR

MANAYUNK PORTAUES, NM 88130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

Date

11/8/15

Full name of contributor

KATI NEWTON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 40.00

Contributor address;

City; State; Zip Code

2858 CREST HAVEN DR

GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

DIRECTOR OF RADIOLOGY

ETHICS HOSPITAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/15

5 Full name of contributor

MARL TERRIEN

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

2615 CIDER MILL RD GRAND JUNCTION, CO 81505

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

THIN AIR WEB

Date

11/10/15

Full name of contributor

ALONETTA TERRIEN

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

2615 CIDER MILL RD GRAND JUNCTION, CO 81505

Principal occupation / Job title (See Instructions)

OFFICE MANAGER

Employer (See Instructions)

PARADISE VALLEY PARK, LLC

Date

11/10/15

Full name of contributor

MARCUS WEATHERALL

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

3301 BARBERRY RD GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

ER DOCTOR

Employer (See Instructions)

EMERGENCY MEDICINE CONSULTANTS

Date

11/12/15

Full name of contributor

KATHLEEN THOMPSON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150.00

Contributor address;

City; State; Zip Code

3317 BURNINGBLODGE DR GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

SELF-EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

CHRISTIAN ROSS

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 398.68

5 Date

11/3/15

6 Full name of contributor

☐ out-of-state PAC (ID#:

JOHN HEILHECKER

7 Contributor address;

City; State; Zip Code

4502 COPPERFIELD DR GRAPEVINE, TX 76051

8 Amount of Contribution \$

200.00

9 In-kind contribution description

Collection of funds for campaign watch party.

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

EXECUTIVE SEARCH CONSULTANT

11 Employer (FOR NON-JUDICIAL) (See Instructions)

THE LAWELL PARTNERS

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

11/3/15

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL BROOKS

Contributor address;

City; State; Zip Code

508 COYOTE RD SOUTHWALK, TX 76092

Amount of Contribution \$

198.68

In-kind contribution description

Collection of funds for campaign watch party

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

FINANCE MANAGER

Employer (FOR NON-JUDICIAL) (See Instructions)

CITIGROUP

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------	---------------------------------------

4 Date 10/5/15	5 Payee name PRINT PLACE
-------------------	-----------------------------

6 Amount (\$) \$134.77	7 Payee address; City; State; Zip Code 1130 AVE H E ARLINGTON, TX 76011
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTED FLYERS
--	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/6/15	Payee name PRINT PLACE
-----------------	---------------------------

Amount (\$) \$173.74	Payee address; City; State; Zip Code 1130 AVE H E ARLINGTON, TX 76011
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTED FLYERS
---------------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/6/15	Payee name LOWE'S HOME IMPROVEMENT
-----------------	---------------------------------------

Amount (\$) \$76.57	Payee address; City; State; Zip Code 201 N KIMBALL AVE SOUTHWAKE, TX 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN EQUIPMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
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4 Date 10/8/15	5 Payee name IMPACT SIGNS & GRAPHICS
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6 Amount (\$) \$1395.60	7 Payee address; City; State; Zip Code 541 INDUSTRIAL BVD STE A GRAPEVINE, TX 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7/15	Payee name SIGNARAMA GRAPEVINE
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Amount (\$) \$164.19	Payee address; City; State; Zip Code 151 S DOOLEY ST GRAPEVINE, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8/15	Payee name THE TSHIRT GUYS
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Amount (\$) \$595.38	Payee address; City; State; Zip Code 213 E NORTH WEST HWY GRAPEVINE, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SHIRTS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
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4 Date 10/8/15	5 Payee name PRINT PLACE
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6 Amount (\$) \$173.74	7 Payee address; City; State; Zip Code 1130 AVE H E ARLINGTON, TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTED FLYERS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/15	Payee name FACEBOOK, INC DEPT 415
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Amount (\$) \$25.08	Payee address; City; State; Zip Code PO BOX 1005 PALO ALTO, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/13/15	Payee name WISE GUYS PIZZERIA
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Amount (\$) \$132.06	Payee address; City; State; Zip Code 322 S PARK BLVD GRAPEVINE, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEET & GREET DINNER EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/15	5 Payee name LOWE'S HOME IMPROVEMENT
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6 Amount (\$) \$54.40	7 Payee address; City; State; Zip Code 201 N KIMBALL AVE SOUTH LAKE, TX 76092
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN EQUIPMENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/15	Payee name NATION BUILDER (WWW.NATIONBUILDER.COM)
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Amount (\$) \$89.00	Payee address; City; State; Zip Code 520 S. GRAND AVE 2ND FLOOR LOS ANGELES, CA 90071
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CONSULTING SERVICES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/15	Payee name FACEBOOK, INC DEPT 415
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Amount (\$) \$50.00	Payee address; City; State; Zip Code PO BOX 1005 PALO ALTO, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
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4 Date 10/21/15	5 Payee name LOWE'S HOME IMPROVEMENT
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6 Amount (\$) \$28.60	7 Payee address; City; State; Zip Code 201 N KIMBALL AVE SOUTHLAKE, TX 76092
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN EQUIPMENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/15	Payee name IMPACT SIGNS & GRAPHICS
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Amount (\$) \$443.83	Payee address; City; State; Zip Code 541 INDUSTRIAL BWD STE A GRAPEVINE, TX 76057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22/15	Payee name IMPACT SIGNS & GRAPHICS
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Amount (\$) \$216.50	Payee address; City; State; Zip Code 541 INDUSTRIAL BWD STE A GRAPEVINE, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
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4 Date 10/23/15	5 Payee name TOM THUMB
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6 Amount (\$) \$19.38	7 Payee address; City; State; Zip Code 302 S PARK BLVD GRAPEVINE, TX 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/02/15	Payee name FACEBOOK, INC DEPT 415
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Amount (\$) \$117.36	Payee address; City; State; Zip Code PO BOX 1005 PALO ALTO, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/15	Payee name TARGET
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 1101 IRA E WOODS AVE GRAPEVINE, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT / AWARD / MEMORIAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN ROSS	3 Filer ID (Ethics Commission Filers)
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4 Date 11/05/15	5 Payee name WISE GUYS PIZZARIA
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 322 S PARK BLVD GRAPEVINE, TX 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT / AWARD / MEMORIAL EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/11/15	Payee name TOM THUMB
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Amount (\$) \$46.28	Payee address; City; State; Zip Code 302 S PARK BLVD GRAPEVINE, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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